

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/1/04</u>		2 Serial/Patent # <u>10/664,342</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		6/17/04	\$ 130.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 130							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table>			2	3	--	1	9	2	5
2	3	--	1	9	2	5					
<div style="font-family: cursive; font-size: 1.2em;">G. L. G. [Signature]</div>											
Ref: 09/03/2004 AKELLEY 0008541900 DAH: 21925 Name/Number: 10664342 FC: 9/04 \$130.00 CR											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLENA BRANT</u> TITLE: <u>owner</u> SIGNATURE: <u>[Signature]</u> PHONE: <u>506-0251</u> OFFICE: <u>ALBANY</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>9/3/04</u>											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**